

Miami-Dade County Group Registration 2004 Fall NAADAC National Conference

Please Pre-register for the conference. NO registrations accepted at the door.

1. RESERVE YOUR SPACE: For information: Miami Dade County (MDC) departments may call Office of ADA Coordination, (305) 375-3566

All others please call NAADAC at 800-722-4232. Also see NAADAC web site at www.ion.wvu.edu/NAADAC

2. EARLY BIRDS*-

MDC departments may use the negotiated registration rates below if an index code, departmental authorization, and a registration is received by MDC Office of ADA Coordination no later than 7/31/04, or 9/15/04. **

All others (participants from Florida only) are authorized to register, by using this form from the MDC Office of ADA Coordination, and the negotiated registration rates below, if registration and fees are received by the National Association of ADA Coordinators (NAADAC) no later 7/31/04 or 9/15/04.

**** Note:** Any registration received after 9/15/2004 is subject to the full amounts as listed below under "Reg. Rates after 9/15."

These registration and fees, for other Florida entities as well as MDC departments sent after 9/15/04 MUST be mailed, with full payment, directly to and received by no later than 10/15/2004 by the:

National Association of ADA Coordinators, PO Box 958, Rancho Mirage, CA 92270.

3. A MUST: please check the one ADA full-day workshop if you plan to attend one on Wednesday, October 27, 2004. We use this information to produce your one set of materials for the workshop selected and to determine the workshop room set-up.

☐ Accessibility ☐ College/University ☐ Employment ☐ Transit

CONFERENCE HOTEL INFORMATION

The conference will be held at the Marriott Miami Airport Hotel, 1 201 NW Le Jeune Rd., Miami, FL. Participants are responsible for making their own lodging reservations. The Association has obtained a special conference rate of \$129 per night plus tax, (single/double) if reserved no later than 10/08/2004, provided the room block hasn't been sold out. To make lodging reservations, please call the hotel at 305-671-2679 or 800-228-9290 and mention you are with the National Association of ADA Coordinators. Rates after 10/08/04 are up to \$199 per night plus tax for single/double. Parking is \$3.00 per day (with in/out privileges). The hotel's main phone number is 305-649-5000.

REGISTRATION INFORMATION

Regular (Non-Early Bird) Conference fees must be paid in full no later than **10/15/2004**. Any cancellation-is subject to a processing fee of \$250. Any credit balance, after processing fee is deducted, for any cancellation after 9/15/04 can only be applied to a future Association national conference. The Federal Employer ID Tax Number for the Association, a nonprofit 501 (c)(3) corporation, is 33-0595554. Please check below all that apply.

<u>Miami Dade County Group Rates</u>	<u>If paid by 7/31 (req \$347)</u>	<u>If paid by 9/15 (req \$421)</u>	<u>**Rates after 9/15 (req \$495)</u>
For Monday, 10/25/04	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 310	<input type="checkbox"/> \$ 395
For Tuesday, 10/26/04	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 310	<input type="checkbox"/> \$ 395
For Wednesday (Lunch included), 10/27/04	<input type="checkbox"/> \$ 270	<input type="checkbox"/> \$ 330	<input type="checkbox"/> \$ 395
For Thursday, 10/28/04	<input type="checkbox"/> \$ 250	<input type="checkbox"/> \$ 310	<input type="checkbox"/> \$ 395

Save! All 4 Conference Dvds: at a Special Price

If received by Miami Dade County Office of ADA Coordination <u>and</u> paid by 7/31	<input type="checkbox"/> \$ 825	(reg. \$1,116)
If received by Miami Dade County Office of ADA Coordination <u>and</u> paid by 9/15	<input type="checkbox"/> \$ 995	(reg. \$1,356)
If after 9/15, see "*** Note" above and send directly to the Association	<input type="checkbox"/> \$ 1,295	(reg. \$1,595)

METHOD OF PAYMENT

☐ Visa / MasterCard ☐ Amex ☐ Check ☐ Purchase order/Index# _____ Total amount \$ _____

Name on card: _____ Card number: _____ Expiration: _____
(Note: Credit cards processed for the Association by conference planner, National Institute on Employment Issues)

PARTICIPANT CONTACT INFORMATION

Name: _____ Title: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (_____) _____ FAX: (_____) _____ Email: _____

May we list your email in the conference participant list for networking purposes? Please check : ☐ Yes ☐ No

In order to participate in the training, I have need of: _____
(The Association needs to know of accommodations required no later than 9/15/2004)

Signature: _____ Date: _____ (MDC0604)